

**MOTOROLA****FAX TRANSMITTAL SHEET**

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Date: 12/16/04
To: Commissioner for Patents
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Fax No.: (703) 872-9306
From: Randall S. Vaas Registration No. 34,479
Subject: Serial No. 10/074,533 Docket No. CS10721

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MESSAGE:

Enclosed herewith, please find:

- ☒ Amendment
- ☒ Amendment Transmittal Form
- ☒ Fee Transmittal Form
- ☒ Petition for Extension of Time

PLEASE GIVE THESE PAPERS TO:

EXAMINER:	Patel, Nimesh G.
GROUP ART UNIT:	2112
SERIAL NO.:	10/074,533
FILED:	2/11/02
INVENTOR:	Ballantyne, Wayne W. et al.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

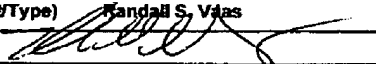
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ADMENDMENT TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/074,533
	Filing Date	2/11/02
	First Named Inventor	Ballantyne, Wayne W. et al.
	Group Art Unit	2112
	Examiner Name	Patel, Nimesh G.
	Attorney Docket Number	CS10721

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
Remarks:		

CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	20280 (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below	
Name:	Motorola, Inc.		
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City: Libertyville	State: Illinois	Zip Code:	60048
Country: USA	Telephone: 847-847-523-2327	Fax:	847-523-2350
Name (Print/Type) Randall S. Vaas	Registration No.	34,479	
Signature 	Date	12-16-2004	

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent Office at (703) 872-9308 on this date: 12/16/04

Typed or printed name: Randall S. Vaas
Signature 

Date 12-16-2004

FEE TRANSMITTAL					Complete if Known																																																															
Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					Application Number	10/074,533																																																														
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					Attorney Docket No.	CS10721																																																														
TOTAL AMOUNT OF PAYMENT					(\$) 1,670.00																																																															
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																															
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None	<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				4. ADDITIONAL FEES																																																															
FEE CALCULATION																																																																				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Large Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>					Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0		<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>25</td> </tr> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>360</td> <td>180</td> </tr> </tbody> </table>		Fee (\$)	Small Entity Fee (\$)	50	25	200	100	360	180
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2. EXTRA CLAIM FEES Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple Dependent Claims					<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>25</td> </tr> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>360</td> <td>180</td> </tr> </tbody> </table>		Fee (\$)	Small Entity Fee (\$)	50	25	200	100	360	180																																																						
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Total Claims: 21 - 20 or HP = 1 x 50 = 50 HP = highest number of total claims paid for, if greater than 3					Multiple Dependent Claims: 360																																																															
Indep. Claims: 6 - 3 or HP = 3 x 200 = 600																																																																				
3. APPLICATION SIZE-FEE If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity) For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					Fee Paid (\$): 1,020																																																															
Total Sheets: 100 - 100 = 0 / 50 = 0 (round up to a whole number) x 250 = 0																																																																				
SUBMITTED BY Name (Print/Type): Randall S. Vaas Signature:					5. OTHER FEE(S) (specify) Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$):																																																															
					Registration No. 34,479 Telephone 847-523-2327 Date 12-16-2004																																																															